

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250  
 SACRAMENTO, CA 95815-3832  
 TELEPHONE: (916) 263-3680  
 FACSIMILE: (916) 263-3675  
 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM**
☐ CPA/PA

☐ License Applicant

**Please type or print legibly the following information and sign below.**

New Name \_\_\_\_\_

Former Name \_\_\_\_\_

CPA/PA License No. \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

License Applicant's Unique Identifier No. \_\_\_\_\_

**My name change is a result of:**

☐ Court Order

☐ Marriage

☐ Dissolution of Marriage

☐ Naturalization

☐ Other (specify) \_\_\_\_\_

**You MUST submit one of the following documents with this request:**

- A certified copy of the supporting documentation; or
- A notarized photocopy of the supporting documentation; or
- A notarized copy of your updated driver's license.

*I hereby certify, under penalty of perjury, under the laws of the state of California that all statements, answers, and representations on this form are true, complete and accurate.*

\_\_\_\_\_  
 Licensee/License Applicant Signature

\_\_\_\_\_  
 Date

**A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to purchase a new wall certificate, please complete the "Certificate Replacement Request Form."**

**For Office Use Only**

Date Name Change Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Date Pocket ID Ordered: \_\_\_\_\_

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## **CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM INSTRUCTIONS**

1. The Name Change Form may be used by:
  - CPA/PA licensees.
  - License applicants.
2. Use this form if you need change your name as a result of the following:
  - Court Order.
  - Dissolution of Marriage.
  - Marriage.
  - Naturalization.
  - Other (explain).

**You MUST submit one of the following documents with this request:**

- A certified copy of the supporting documentation; or
- A notarized photocopy of the supporting documentation; or
- A notarized copy of your updated driver's license.

3. CPA/PA licensees: A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to request a new name on your Wall Certificate, you must include a "Wall Certificate/Pocket ID Replacement Request Form," included in this packet.
4. The signature of the licensee/license applicant is required on the "CPA/PA and License Applicant Name Change Form."
5. Mail this form to:  
California Board of Accountancy  
2000 Evergreen Street, Suite 250  
Sacramento, CA 95815

Notice: The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant/Public Accountant License Renewal. Sections 5009, 5026 through 5029, 5060, 5070 through 5079, and 5150 through 5158 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.

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**WALL CERTIFICATE/POCKET ID REPLACEMENT REQUEST FORM**

**Please type or print legibly the following information and sign below:**

Name \_\_\_\_\_

CPA/PA License No. \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm License No. \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

**If your license is in a delinquent or cancelled status, a replacement Wall Certificate/Pocket ID cannot be issued.**

**Check the appropriate box and submit the correct fee with this form.**

☐ Wall Certificate - \$10.00

☐ Pocket ID - \$2.00

**Reason for Replacement:**

☐ Destroyed (Fire, Flood, etc.)

☐ Name Change

☐ Other

☐ Lost

☐ Stolen

Explain in detail the circumstances and the reason for the replacement: \_\_\_\_\_

**If you are requesting a new name on your CPA/PA Wall Certificate or Pocket ID, you must include a Name Change Form with required documentation, unless you have already changed the name with the Board. Firms must use a Partnership or Corporation Name Change Form. Fictitious Name Changes must be submitted on a Fictitious Name Application.**

☐ I submitted a Name Change Form on this date: \_\_\_\_\_

**The California Board of Accountancy will mail a new Wall Certificate to your address of record in approximately 120 days and a new Pocket ID in four to six weeks.**

*I hereby certify under penalty of perjury under the laws of the state of California that all statements, answers, and representations on this form are true, complete, and accurate.*

\_\_\_\_\_  
 Licensee Signature

\_\_\_\_\_  
 Date

**For Office Use Only**

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date Wall Certificate Ordered: \_\_\_\_\_

Date Pocket ID Ordered: \_\_\_\_\_



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## **WALL CERTIFICATE/POCKET ID REPLACEMENT REQUEST FORM INSTRUCTIONS**

1. The Wall Certificate/Pocket ID Replacement Request Form may be used by:
  - CPA licensees.
  - Accountancy firms.
2. Use this form if you need to replace your Wall Certificate or your Pocket ID. Indicate the reason for the replacement by checking the appropriate box on the form. **If your license is in a delinquent or cancelled status, a replacement Wall Certificate or Pocket ID cannot be issued.**
3. If you are requesting a new name on your Wall Certificate or Pocket ID, you must include a Name Change Form with required documentation, unless you have already changed your name with the Board.
4. Do **NOT** use this form to change a firm name or a fictitious name. Partnership and Corporation Name Change applications are available at [www.dca.ca.gov/cba/forms](http://www.dca.ca.gov/cba/forms). Fictitious Name Changes must be submitted on a Fictitious Name Application, which is available at the above location on the Board's Web site.
5. The signature of the licensee is required on the Wall Certificate/Pocket ID Replacement Request Form.
6. Mail this form with the appropriate fee to: California Board of Accountancy  
2000 Evergreen Street, Suite 250  
Sacramento, CA 95815-3832
7. The Board will mail a new Wall Certificate to your address of record in approximately 120 days and a new Pocket ID in four to six weeks.

**Notice:** The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant/Public Accountant License Renewal. Sections 5009, 5026 through 5029, 5060, 5070 through 5079, and 5150 through 5158 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form, and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680 regarding questions about this notice or access to records.